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# Academy Christian School

## Archery Fun Shoot Registration

Shooters Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian Name (if shooter is under 18): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact and number(s): \_\_\_\_\_

If under 18:

I give permission for \_\_\_\_\_ to participate in the Academy Christian School fun shoot at Robinhood Archery Club.

All participants:

I will not hold Academy Christian School or Robinhood Archery Club or any of its employees or volunteers responsible for any incidents that may occur while participating in this event or on premises during this event.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Payment method: cash check other \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_



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